

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Small PHA Plan Update
Annual Plan for Fiscal Year: 2003

nm048v02

**PHA Plan
Agency Identification**

PHA Name: Village of Cimarron Public Housing Authority

PHA Number: NM048

PHA Fiscal Year Beginning: (07/2003)

PHA Plan Contact Information:

Name: **Rebecca Owensby, Executive Director**

Phone: **(505) 376-2674**

TDD:

Email : bekyo@springercoop.com

Public Access to Information

**Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)**

- ☒ Main administrative office of the PHA
☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
☐ PHA development management offices
☒ Main administrative office of the local, county or State government
☐ Public library
☐ PHA website
☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
☐ PHA development management offices
☐ Other (list below)

PHA Programs Administered:

- ☐ Public Housing and Section 8 ☐ Section 8 Only ☒ Public Housing Only

Annual PHA Plan

Fiscal Year 2003

[24 CFR Part 903.7]

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Attachments

- X Attachment A : Supporting Documents Available for Review
- X Attachment B : Capital Fund Program 5 Year Action Plan
- X Attachment C: Resident Membership on PHA Board or Governing Body
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- X Attachment E: Capital Fund Program Annual Statement
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ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

The Cimarron Public Housing Authority continues to focus on four major areas: Housing Management, CFP Grant Programs, Maintenance, and Tenant Programs. The management staff will concentrate on rent collection, working more closely with the Resident Council, pursuing additional housing opportunity options and maintaining the management standards. We are interested in applying for additional funding for acquisition and rehab as well as Section 8. We will continue to be aggressive with work orders to keep the vacant units turned around in a timely manner. The Housing Authority partners with the Lutheran Church of Angel Fire, NM to provide food for the low income and less fortunate in the community. Programs will consist of Domestic Violence Awareness, Resident Initiatives, and expand the effectiveness of these programs to promote the Community and create a better environment in which we all live.

1. Summary of Policy or Program Changes for the Upcoming Year

N/A

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. X Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ **27,463**

C. X Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

The Capital Fund Program 5-Year Action Plan is provided as Attachment **B**

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment **E**

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☐ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component ; if "yes", complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name:
1b. Development (project) number:

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HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected: 6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

4. HOMEOWNERSHIP PROGRAM

[24 CFR Part 903.7 9 (k)]

- A. ☐ Yes X No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ?
(If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☐ Yes X No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA’s estimated or actual (if known) PHDEP grant for the upcoming year? \$

- C. ☐ Yes X No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. X Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at **Attachment D**
3. In what manner did the PHA address those comments? (select all that apply)
- ☐ The PHA changed portions of the PHA Plan in response to comments
A list of these changes is included
☐ Yes ☐ No: below or
☐ Yes ☐ No: at the end of the RAB Comments in Attachment ____.
- X Considered comments, but determined that no changes to the PHA Plan were necessary.
An explanation of the PHA's consideration is included at the at the end of the RAB Comments in **Attachment D**
- ☐ Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: **STATE OF NEW MEXICO**
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
 - ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
 - ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
 - ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
 - ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
 - ☐ Other: (list below)
3. PHA Requests for support from the Consolidated Plan Agency
 - ☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

Substantial deviation from the 5-year Plan shall be defined as any change in the mission statement, policies, or plan that would fundamentally change the objectives that are inconsistent with the achievement of the PHA's mission or goals and require formal approval of the Board of Commissioners.

B. Significant Amendment or Modification to the Annual Plan:

Significant amendment or modification to the annual plan shall be defined as any change in policy, plans, rules, regulations or any other aspect of the Plan that is inconsistent with the PHA's mission statement or goals, objectives which require formal approval of the Board of Commissioners.

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

ATTACHMENT A:

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing X Check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
N/A	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and

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List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
		Operations
N/A	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
N/A	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
XA	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan:

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
		Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) X check here if included in the public housing A & O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

ATTACHMENT B: Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

5-Year Action Plan

				X Original 5-Year Plan <input type="checkbox"/> Revision No:	
PHA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 3 FFY Grant: 2005 PHA FY 2005	Work Statement for Year 4 FFY Grant: 2006 PHA FY: 2006	Work Statement for Year 5 FFY Grant: 2007 PHA FY: 2007
	Annual Statement	27,463	27,463	27,463	27,463
		27,463	27,463	27,463	27,463
		0	0	0	0

am Five-Year Action Plan
ages—Work Activities

	Activities for Year :_2____ FFY Grant: 2004 PHA FY: 2004			Activities for Year: 3____ FFY Grant: 2005 PHA FY: 2005		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
	NM048	Operations	2,746	NM048	Operations	2,746
		Management Improvements	3,000	NM048	Management Improvements	3,500
		Dwelling Structures Replace worn kitchen cabinets , ceiling fans	16,717	NM048	Dwelling Structures Replace remainder of worn kitchen cabinets	20,000
		Audit	300		Audit	100
		Non dwelling structures Construct an awning and cement slab over lawn equipment	4,700		Fees/Costs	300
					Non Dwelling Equipment Saw,tools	817

Total CFP Estimated Cost			\$ 27,463			\$27,463

ve-Year Action Plan

—Work Activities

Activities for Year : _4 FFY Grant: 2006 PHA FY: 2006			Activities for Year: _5__ FFY Grant: 2007 PHA FY: 2007		
	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
	Operations	2,746	NM048	Operations	2,746
	Management Improvements Computer upgrades, training, etc.	3,000		Management Improvements Training, travel	3,000
	Audit	300		Audit	300
	Dwelling Structures	16,417		Dwelling Structures	16,417
	Site Improvements	5,000		Nondwelling Equipment	5000

[illegible]

Required Attachment C: Resident Member on the PHA Governing Board

1. ☐ Yes ☒ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

B. How was the resident board member selected: (select one)?

☐ Elected

☐ Appointed

C. The term of appointment is (include the date term expires):

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
☒ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

☐ Other (explain):

B. Date of next term expiration of a governing board member:

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Required Attachment D: Membership of the Resident Advisory Board or Boards

BY ELECTION THE FOLLOWING TENANTS SERVE ON THE RESIDENT ADVISORY BOARD.

DEBORAH ESPINOZA- PRESIDENT
BOBBIE GONZALES- VICE PRESIDENT /SECRETARY
FREDA MCKINLEY- TREASURER

THE FOLLOWING TENANTS HAVE AGREED TO HELP ON A VOLUNTEER BASIS:

CELIONE STORM
NATALIE LEWIS
LEROY MONDRAGON
NANCY MINTER
NAN HARRISON
BONNIE ELLIOTT

COMMENTS ATTACHED:

The Cimarron Housing Authority Resident Council offered the following comments for the Cimarron Housing Authority PHA Annual Plan for Fiscal Year 2003:

1. construct a play area for children in the family units
2. purchase health and safety materials for police officer program to protect against drug and alcohol abuse and awareness
3. Tenant activities for all ages

ATTACHMENT E:

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Cimarron Housing Authority		Grant Type and Number Capital Fund Program: X Capital Fund Program Replacement Housing Factor Grant No: NM02P048501-00			2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	3652.00	7038.26	7038.26	3652.00
3	1408 Management Improvements	5000.00		5000.00	5000.00
4	1410 Administration	3652.00		3652.00	3652.00
5	1411 Audit	500.00		500.00	500.00
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	22919.00	19532.74	19532.74	9532.75
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	800.00		800.00	800.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Cimarron Housing Authority		Grant Type and Number Capital Fund Program: X Capital Fund Program Replacement Housing Factor Grant No: NM02P048501-00			2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
20	Amount of Annual Grant: (sum of lines 2-19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: CIMARRON HOUSING			Grant Type and Number Capital Fund Program #: Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: <div style="text-align: center;">2000</div>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NM048	OPERATIONS	1406		3652.00	7038.26	7038.26	3652.00	87%
	MANAGEMENT IMPROVEMENTS	1408		5000.00		5000.00	5000.00	100%
	COMPUTER UPGRADES, TRAINING , TRAVEL, MATERIALS							
	ADMINISTRATION	1410		3652.00		3652.00	3652.00	100%

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHA Name: CIMARRON HOUSING		Grant Type and Number Capital Fund Program #: Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
	AUDIT	1411		500.00		500.00	500.00	
	SITE IMPROVEMENTS	1450		22919.00	19532.74	19532.74	19532.74	100%
	LANDSCAPING, PERIENIAL FLOWERS FOR GARDEN, TREES,ETC.							
	NON DWELLING EQUIPMENT	1475		800.00		800.00	800.00	100%
	ESTATE TRIMMER							

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

PHA Name: Cimarron Housing Authority

Grant Type and Number
Capital Fund Program: NM02H
Capital Fund Program
Replacement Housing Fa☐ Original Annual Statement☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no:)☒ Performance and Evaluation Report for Period Ending: 12/31/2002☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost	
		Original	Revised
1	Total non-CFP Funds		
2	1406 Operations	3,652.00	
3	1408 Management Improvements	3,500.00	
4	1410 Administration	3,652.00	
5	1411 Audit		
6	1415 liquidated Damages		
7	1430 Fees and Costs	5,628.00	
8	1440 Site Acquisition		
9	1450 Site Improvement	20,819.00	
10	1460 Dwelling Structures		
11	1465.1 Dwelling Equipment—Nonexpendable		
12	1470 Nondwelling Structures		
13	1475 Nondwelling Equipment		
14	1485 Demolition		
15	1490 Replacement Reserve		
16	1492 Moving to Work Demonstration		
17	1495.1 Relocation Costs		
18	1498 Mod Used for Development		
19	1502 Contingency		
20	Amount of Annual Grant: (sum of lines 2-19)	37,251.00	
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Compliance		
23	Amount of line 20 Related to Security		
24	Amount of line 20 Related to Energy Conservation Measures		

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHA Name: CIMARRON HOUSING		Grant Type and Number Capital Fund Program #: NM02P048501-01 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NM048	OPERATIONS	1406		3652.00		3652.00	3652.00	100%
	MANAGEMENT IMPROVEMENTS	1408		3500.00		3500.00	3500.00	100%
	ADMINISTRATION	1410		3652.00		3652.00	3652.00	100%
	FEES/COSTS	1430		5628.00		0	0	0
	SITE IMPROVEMENTS	1450		20,819.00		0	0	0
	ZEROSCAPING							
						10,804	10,804	

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

PHA Name: CIMARRON HOUSING

Grant Type and Number

Capital Fund Program #: NM02P048501-01

Capital Fund Program Replacement Housing Factor #:

Federal FY of Grant: 2001

Development Number	Name/HA-Wide Activities

All Fund Obligated
(Quart Ending Date)

All Funds Expended
(Quarter Ending Date)

Reasons for Revised Target Dates

Original

Revised

Actual

Original

Revised

Actual

NM048

6/30/2003

6/30/2005

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Cimarron Housing Authority		Grant Type and Number Capital Fund Program: NM02P048501-02 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
X Performance and Evaluation Report for Period Ending: 12/31/2002 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	3537.00		0	0
3	1408 Management Improvements	3500.00		0	0
4	1410 Administration	1503.00		0	0
5	1411 Audit	500.00		0	0
6	1415 liquidated Damages				
7	1430 Fees and Costs	5532.00		0	0
8	1440 Site Acquisition				
9	1450 Site Improvement	20,8000		0	0
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	35,372.00		0	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Cimarron Housing Authority		Grant Type and Number Capital Fund Program: NM02P048501-02 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
X Performance and Evaluation Report for Period Ending: 12/31/2002 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
24	Amount of line 20 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: CIMARRON HOUSING		Grant Type and Number Capital Fund Program #: NM02P048501-02 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NM048	OPERATIONS	1406		3537.00		0	0	
	MANAGEMENT IMPROVEMENTS	1408		3500.00		0	0	
	COMPUTER UPGRADES, TRAINING, TRAVEL							
	ADMINISTRATION	1410		1503.00		0	0	
	AUDIT COSTS	1411		500.00		0	0	
	FEES/COSTS	1430		5532.00	0	0	0	
	SITE IMPROVEMENTS	1450		20800.00	0	0	0	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

[illegible]

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

PHA Name:CIMARRON HOUSING

Grant Type and Number

Capital Fund Program #: NM02P048501-02

Capital Fund Program Replacement Housing Factor #:

Federal FY of Grant: 2002

[illegible]

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Cimarron Housing Authority		Grant Type and Number Capital Fund Program: NM02P048501-03 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2003	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	2746.00			
3	1408 Management Improvements	3000.00			
4	1410 Administration	300.00			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	10000.00			
10	1460 Dwelling Structures	5217.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	5000.00			
13	1475 Nondwelling Equipment	1200.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
1	Amount of Annual Grant: (sum of lines 2-19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Cimarron Housing Authority		Grant Type and Number Capital Fund Program: NM02P048501-03 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2003
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name: CIMARRON HOUSING		Grant Type and Number Capital Fund Program #: NM02P048501-03 Capital Fund Program Replacement Housing Factor #:				2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NM048	OPERATIONS	1406	2746.00			0	0	
	MANAGEMENT IMPROVEMENTS	1408	3000.00			0	0	
	TRAINING,TRAVEL,COMPUTER UPGRADES							
	AUDIT	1411	300.00			0	0	
	SITE IMPROVEMENTS	1450	10000.00			0	0	
	BBQ AREAS,CEMENT SLABS,COVERS ,SEATING					0	0	
	DWELLING STRUCTURES	1460	5217.00			0		
	NONDWELLING EQUIPMENT	1475	1200.00			0	0	
	REPLACE 20 YEAR OLD RIDING LAWN MOWER							

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

PHA Name: Cimarron Housing Authority			Grant Type and Number Capital Fund Program: NM02P048501-03 Capital Fund Program Replacement Housing Factor Grant No:				Federal FY of Grant: 2003	
<input checked="" type="checkbox"/> Original Annual Statement			<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:			<input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account		Total Estimated Cost			Total Actual Cost		
	NONDWELLING STRUCTURES		1470	5000.00		0	0	
	AWNING OVER LAWN EQUIPMENT							
	STORAGE SHED WITH CEMENT SLAB UNDERNEATH					0	0	
Development Number Name/HA-Wide Activities		All Fund Obligated (Quart Ending Date)		All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
NM048	9/16/2005			9/16/2007				

ATTACHMENT F: Statement of Progress Report

The Cimarron Housing Authority feels that the Annual Plan is a great tool for setting goals for the future and looking to the future of the housing authority. We are working very hard to accomplish all goals set in the past as well as those for the future. For the first time since I came to work here 8 years ago, all 16 housing units are filled.

The following goals have been met with Capital Funding in the past 3 years:

Zeroescaping - cleaned all areas of old brush and dead tree growth , put down weed barrier and cross ties around all upper units

Purchased and planted periennial plants and trees around housing Units

Purchased and installed 16 stackable washer/dryer units

Purchased an Estate Trimmer for yard maintenance

Computer upgraded

In Progress:

Construct Play Area for the Children at family units.

Fencing back of family units